

Substitute per letter dated 11/27/95 "

ATTACHMENT 3.1-A  
Item 13d (Page 5)  
Applies to both Categorically  
and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

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Psychiatric Residential Rehabilitation includes the following components:

1. Community living skills and daily living skills development;
2. Client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms; and
3. Skill-building in the use of public transportation when appropriate.

A psychiatric residential rehabilitation provider must be licensed as a residential care facility, a domiciliary, or a mental health center by the Nebraska Department of Health. The maximum capacity for this facility must not exceed eight beds. A waiver up to a maximum of ten beds may be granted when it is determined to be in the clients' best interests. Facilities under contract with the Department of Public Institutions prior to the approval of this plan amendment whose capacity exceeds the ten-bed limitation will be exempted from this requirement, except that bed capacity can never exceed 16 beds.

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Transmittal # MS-95-9

Supersedes

Approved FEB 26 1995

Effective APR 01 1995

Transmittal # (New Page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Nebraska

LIMITATIONS - ICF SERVICES

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ICF services may be provided to an individual with the diagnosis of mental retardation, cerebral palsy, epilepsy, or autism under the following conditions:

1. When medical conditions are the primary need of the client and preclude participation and habilitative training;
2. Documentation and an independent assessment of functional living skills (requested by the DPW Medical Review Team) has determined that training needs can adequately be met within an ICF level of care, and services can actually be delivered by the facilities;
3. The person is integrated into a normal environment and no longer needs extensive habilitative training pursuant to documented evidence as shown by the above assessment(s); and
4. The evaluation of appropriateness and the adequacy of services is based on review by the Medical Review Team with consideration of:
  - a. An annual assessment of the client's functional living skills by a QMRP independent of the facility in which the client resides; and
  - b. Incorporation of recommendations by the QMRP and Medical Review Team relative to training and/or further evaluation into the client's overall plan of care.

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LIMITATIONS - ASSESSMENTS OF DEVELOPMENTALLY DISABLED PERSONS

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Individuals having a developmental disability who currently reside in a non-MR facility shall, when identified as appropriate by the Medical Review Team, have an initial and subsequent annual independent assessment for functional living skills. Assessment of functional living skills shall be given to only clients identified by the Medical Review Team as appropriate for assessment based on the developmental disability criteria in order to:

1. Identify the most appropriate services to meet the identifying needs based on the principle of normalization, the least restrictive alternatives, and the client's needs,
2. The evaluation shall include actual observation/interview with the client and identify the sources of information including the staff persons who have supplied assessor with information relative to the assessment.
3. The assessment shall be an assessment of independent functioning of the individual. The assessment shall include recommendations for further evaluation and/or consultation in specific areas. Recommendations shall be incorporated into the individual's overall plan of care by the facility.

State Plan  
Trans. No. MS-79-12

Submitted 9-26-79

Approved 12-4-79

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Nebraska

LIMITATIONS - ICF/MR SERVICES

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The following limitations are placed on ICF/MR services within the State of Nebraska:

1. ICF/MR services are appropriate for persons with related conditions. A person with related conditions is defined as: An individual with a disability attributed to mental retardation, cerebral palsy, epilepsy or autism; which disability originates before such individual achieves age 22; has contributed or can be expected to continue indefinitely, with function limitations in three or more of the following major life areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. These limitations indicate that the client needs a combination of individually planned and coordinated special interdisciplinary care, treatments, or other services which are of lifelong or extended duration.
2. ICF/MR services are inappropriate when the individual is no longer benefitting from "active treatment" as indicated by sufficient documentation within the ICF/MR facility, and the individual is referred for alternative services which most appropriately meets needs in the most normalized living situation possible.
3. ICF/MR services are inappropriate when mental illness is a primary handicap of the individual to live in an independent living situation within a normalized environment.

Admission procedures to ICF/MR facility: Persons eligible to receive services provided by other agencies and other levels of care shall be acknowledged as inappropriate admissions; and

1. At the time of pre-admission meetings, plans shall be initiated to actively explore alternatives on an ongoing basis;
2. Agencies and levels of care shall be identified, contacted, and given information pertinent to meeting the client's needs.

The ICF/MR shall request identified agencies to:

1. Identify the appropriateness of their services;
2. Determine the actual availability of their services; and
3. Work with the facility in exploring alternatives.

State Plan

Trans. No. MS-79-12

Submitted 9-26-79  
Approved 17-6-79

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LIMITATIONS - ICF/MR SERVICES (Continued)

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Qualified Mental Retardation Professional Limitations

Has experience in treating or working with the mentally retarded defined as: treating and/or dealing directly with persons who are mentally retarded, and demonstrates the ability to:

1. Apply the developmental model and normalization principle in training;
2. Write objectives and goals in a training program;
3. Conduct/carry out a training program;
4. Evaluate, document, and summarize the training program;
5. Assess the need for specific goals and objectives.

It is necessary to indicate the dates when this experience occurred.

If qualifying as having a Bachelor's Degree and working three years under a qualified social worker, it is necessary to indicate:

1. Name of supervisor
2. Supervisor's qualifications as a social worker
3. How the supervision was done
4. The period of time supervision was done

Individuals desiring recognition as a QMRP must submit information in writing regarding their qualifications (specifying dates, places, types of experience/training, and supervisor training/experience) to the Department of Health, Division of Standards, and/or Department of Public Welfare, Division of Medical Services, Long Term Care Unit. The information will be reviewed and approved or disapproved.

State Plan

Trans. No. MS-79-12

Submitted 9-26-79

Approved 12-4-79

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - ICF/MR SERVICES

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The Department applies the following criteria to determine the appropriateness of ICF/MR services on admission and at each subsequent review:

1. The client has medical needs which require the ICF level of care; and
2. The client has a developmental disability which has been confirmed by prior diagnostic evaluations and sources independent of the ICF/MR; and
3. The client can benefit from "active treatment" as defined in 42 CFR 435.1009 and 471 NAC 31-001.02. "Benefit from active treatment" means demonstrable progress in reducing barriers to less restrictive alternatives.
4. In addition, the following criteria shall apply in situations where -
  - a. The client has a developmental disability other than mental retardation and the QMRP's assessment identifies that the developmental disability has resulted in substantial functional limitations in three or more of the following areas of major life activity:
    - (1) self-care;
    - (2) receptive and expressive language;
    - (3) learning;
    - (4) mobility;
    - (5) self-direction; or
    - (6) capacity for independent living;These substantial functional limitations indicate that the client needs a combination of individually planned and coordinated special interdisciplinary care, treatment, or other services which are lifelong or of extended duration; and/or

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Transmittal # MS-87-20

Supersedes

Approved

11/12/88

Effective

10/1/87

Transmittal # MS-79-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - ICF/MR SERVICES

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- b. A client has a dual diagnosis of developmental disability and a mental illness (i.e., mental retardation and schizophrenia) and developmental disability has been verified as the primary diagnosis by both an independent QMRP's assessment and a mental health professional (psychologist); and -
- (1) Historically there is evidence of missed stages of developmental tasks, due to developmental disability;
  - (2) There is remission in the mental illness and/or it does not interfere with intellectual functioning and participation in training programs (i.e., the client does not have active hallucinations nor exhibit behaviors which are manifestations of mental illness); and
  - (3) The developmental disability takes precedence over the diagnosis of mental illness.

Inappropriate Placements: The following examples are not appropriate for ICF/MR services according to the criteria listed previously.

1. Mental illness is the primary barrier to independent living within a normalized environment; or
2. The ICF/MR is not the least restrictive alternative, e.g., the client -
  - a. Exhibits skills and needs comparable to those of persons living independently or semi-independently in the community; or
  - b. Exhibits skills and needs comparable to those of persons at chronic, SNF, or ICF level of care.

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Transmittal # MS-87-20

Supersedes

Approved

11/2/88

Effective

10/1/87

Transmittal # MS-79-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - ICF/MR SERVICES

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Admission procedures to ICF/MR facility: Persons eligible to receive services provided by other agencies and other levels of care shall be acknowledged as inappropriate admissions; and

1. At the time of pre-admission meetings, plans shall be initiated to actively explore alternatives on an ongoing basis;
2. Agencies and levels of care shall be identified, contacted, and given information pertinent to meeting the client's needs.

The ICF/MR shall request identified agencies to:

1. Identify the appropriateness of their services;
2. Determine the actual availability of their services; and
3. Work with the facility in exploring alternatives.

Qualified Mental Retardation Professional Limitations

Has experience in treating or working with the mentally retarded defined as: treating and/or dealing with persons who are mentally retarded, and demonstrates the ability to:

1. Apply the developmental model and normalization principle in training;
2. Write objectives and goals in a training program;
3. Conduct/carry out a training program;
4. Evaluate, document, and summarize the training program;
5. Assess the need for specific goals and objectives.

It is necessary to indicate the dates when this experience occurred.

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Transmittal # MS-87-20

Supersedes

Approved

11/12/88

Effective

10/1/87

Transmittal # MS-79-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - ICF/MR SERVICES

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If qualifying as having a Bachelor's Degree and working three years under a qualified social worker, it is necessary to indicate:

1. Name of supervisor;
2. Supervisor's qualifications as a social worker;
3. How the supervision was done; and
4. The period of time supervision was done.

Individuals desiring recognition as a QMRP for conducting QMRP assessment must submit information in writing regarding their qualifications (specifying dates, places, types of experience/training, and supervisor training/experience) to Department of Social Services, Medical Services Division. The information will be reviewed and approved or disapproved.

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Transmittal # MS-87-20

Supersedes

Approved

1/12/88

Effective

10/1/87

Transmittal # MS-79-12



Substitute per letter dated 11/2/98

ATTACHMENT 3.1-A  
Item 16  
Applies to both  
categorically and  
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER AGE 21

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NMAP limits coverage of inpatient psychiatric facility services for client age 20 or younger to those services that are medically necessary to treat primary diagnoses. This service is covered under 42 CFR 441, Support D. NMAP covers these services when they are medically necessary and provide active treatment.

Inpatient psychiatric facility services include inpatient mental health and substance abuse services provided to clients age 20 or younger when the client participates in an EPSDT screen and the treatment is medically necessary.

These services may be provided by the following inpatient psychiatric facilities:

1. A hospital or IMD;
2. A residential treatment center that is accredited by JCAHO; or
3. A treatment group home that is JCAHO-accredited.

Providers are required to meet the standards for participation listed in the appropriate section of Chapter 32-000 of 47 NAC.

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Transmittal # MS-95-13

Supersedes

Approved FEB 09 1998 Effective 7/25/95

Transmittal # (new page)

Attachment 3.1-A  
Item 17  
Applies to both Categorically  
and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - NURSE-MIDWIFE SERVICES

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To participate in the Nebraska Medical Assistance Program, the nurse-midwife must be certified by the Department of Health. The practice agreement between the nurse-midwife and the physician with whom s/he has a practice agreement must be on file with the Department of Health. The nurse-midwife is approved for enrollment in NMAP under an independent provider agreement or the provider agreement of the physician with whom s/he has a practice agreement.

NMAP covers nurse-midwife services that are medically necessary and are concerned with the management of the care of mothers and newborns throughout the maternity cycle. The maternity cycle includes pregnancy, labor, birth, and the immediate postpartum period (up to six weeks), including care of the newborn. To be covered, the services must be provided by a certified nurse-midwife according to the terms of the practice agreement between the nurse-midwife and the physician.

NMAP does not cover any other services provided by nurse-midwives.

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TN No. MS-88-10

Supersedes

Approved 8/10/88

Effective 7/1/88

TN No. (new page)